ARIZONA STATE BOARD OF HEALTH State File No. 1620 BUREAU OF VITAL STATISTICS Registered No..... STANDARD CERTIFICATE OF BIRTH f. PLACE OF BIRTH Circa ona St. \_\_\_\_\_\_Ward espital or institution, give its NAME instead of street and number) hrushusa If child is not yet named, mak supplemental report, as directed 6. Legitimate? 4. Twin, triplet or other To be answered ONLY in event of plural 3. Sex of Child births. Temel MOTHER FATHER 14. Full maiden name 15. Residence (Usual place of abode) dence (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16. Color or race / (Years) 11. Age at last birthday Dellean 18. Birthplace (city or place). nce (city or pl (State or country) 19. Occupation Nature of industry 21. Were precautions taken against oph-thalmia neonatorum? (a) Born alive and now living.
(b) Born alive but now dead...
(c) Stillborn..... Number of children of this mother .... sen as of time of birth of child herein ified and including this child.) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* certify that I attended the birth of this child, who was.. When there was no attending physician midwife, then the father, householder, ., should make this return. A stillborn ild is one that neither breathes nor ows other evidence of life after birth. Signature Month, day, year